

103D CONGRESS
1ST SESSION

H. R. 1439

To create “Healthy American Schools,” where children will learn the lifelong health and fitness skills vital to developing a smart body and smart mind and to empower every school with the ability to become a healthy school, built on a firm foundation of “healthy mind and healthy body” curricula.

IN THE HOUSE OF REPRESENTATIVES

MARCH 24, 1993

Mr. ANDREWS of Texas (for himself, Mr. EVANS, Mr. TOWNS, Mr. FROST, Mrs. MINK, and Mr. DEFazio) introduced the following bill; which was referred to the Committee on Education and Labor

A BILL

To create “Healthy American Schools,” where children will learn the lifelong health and fitness skills vital to developing a smart body and smart mind and to empower every school with the ability to become a healthy school, built on a firm foundation of “healthy mind and healthy body” curricula.

1 *Be it enacted by the Senate and House of Representa-*
2 *tives of the United States of America in Congress assembled,*

3 **SECTION 1. SHORT TITLE.**

4 This Act may be cited as the “Healthy Students-
5 Healthy Schools Act”.

1 **SEC. 2. FINDINGS AND PURPOSE.**

2 (a) FINDINGS.—Congress finds that—

3 (1) comprehensive, high quality education for
4 the children of the United States has always been
5 important, but in recent years it has become even
6 more critical to the social and economic viability of
7 our country;

8 (2) unhealthy children do not learn well and
9 tend to grow into unhealthy adults, never realizing
10 their full potential;

11 (3) without an increased focus on the health of
12 our children, the United States will not be able to
13 successfully compete in the 21st century;

14 (4) given the international dimensions of the
15 health and education challenges facing the United
16 States, the Federal Government should play a key
17 role in the national effort to equip all American chil-
18 dren with the intellectual and physical skills needed
19 to compete in the new and rapidly changing global
20 marketplace;

21 (5) although States and localities bear the pri-
22 mary responsibility for elementary and secondary
23 education, strong national leadership, from the Con-
24 gress and the Executive branch, is vital to the future
25 health of our children, schools, and the United
26 States;

1 (6) studies show that high quality, comprehen-
2 sive educational care, as early as 3 years of age,
3 translates into well-rounded individuals, better
4 school performance, lower drop-out rates, lower teen-
5 age pregnancy rates, lower unemployment rates, and
6 lower crime rates;

7 (7) a better understanding of the principles of
8 good health, taught in a gender and culturally com-
9 petent manner, could help children succeed in school
10 and become active, productive members of society;

11 (8) statistics on federally supported efforts to
12 improve comprehensive school health curriculum
13 demonstrate the effectiveness of preventive programs
14 on the knowledge, behavior, and fitness of children
15 and adolescents, yet few school systems offer such
16 programs and most States do not have the resources
17 to enforce sequential school health education re-
18 quirements;

19 (9) several different agencies located in the De-
20 partments of Health and Human Services, Edu-
21 cation, Agriculture, Interior, Energy, Defense, and
22 Transportation currently administer school health
23 education programs in areas such as AIDS edu-
24 cation, drug abuse education, nutrition, physical fit-
25 ness, smoking prevention, and asthma education;

1 (10) throughout the 1980s, Federal school
2 health education efforts lacked coordination, de-
3 spite—

4 (A) the 1978 legislative mandate directing
5 the Commissioner of Education at what was
6 then the Department of Health, Education, and
7 Welfare to consult with the Public Health Serv-
8 ice and the Surgeon General to “assure coordi-
9 nation and prevent duplication of effort” in all
10 school health education programs; and

11 (B) the re-authorization and funding in
12 1988 of the Department of Education’s Office
13 of Comprehensive School Health Education;

14 (11) a coordinated Federal effort is needed to
15 help State and local educational agencies develop
16 and implement comprehensive school health edu-
17 cation programs;

18 (12) over the past several years, the Depart-
19 ment of Health and Human Services has led most
20 Federal health education efforts, and the Public
21 Health Service’s 1990 report entitled “Healthy Peo-
22 ple 2000: National Health Promotion and Disease
23 Prevention Objectives” outlines a comprehensive na-
24 tional strategy for improving the health of all Ameri-

1 cans during this decade and includes specific goals
2 related to school health education;

3 (13) one of the chief “Healthy People 2000”
4 objectives is to increase to at least 75 percent the
5 proportion of the Nation’s elementary and secondary
6 schools that provide planned and sequential kinder-
7 garten through 12th grade quality school health edu-
8 cation; and

9 (14) the President and the Nation’s governors
10 have set six national education goals, as part of a
11 strategy to create a new generation of American
12 schools, which complement the Healthy People 2000
13 goals and form the basis of a healthy partnership.

14 (b) PURPOSES.—It is the purpose of this Act to—

15 (1) provide the Federal leadership needed to
16 create Healthy American Schools, the building
17 blocks of a healthy and strong education system ca-
18 pable of providing every child with the lifelong skills
19 needed to become an intellectually and physically fit
20 member of a productive work force;

21 (2) ensure that all federally funded school
22 health education programs, including alcohol and
23 substance abuse prevention programs, are coordi-
24 nated and share the goals of reducing categorical

1 barriers and comprehensively encouraging healthy
2 students and healthy schools;

3 (3) designate a central office within the Depart-
4 ment of Health and Human Services for the coordi-
5 nation and direction of Federal school health edu-
6 cation efforts;

7 (4) establish a Federal clearinghouse where
8 teachers can easily access health education informa-
9 tion through the use of innovative and interactive
10 technologies;

11 (5) establish an independent advisory council of
12 highly respected, bipartisan, diverse experts to
13 study, make recommendations, and identify core na-
14 tional health education goals to be known as the
15 “Healthy Students-Healthy Schools Goals” that are
16 consistent with the Healthy People 2000 Objectives;

17 (6) develop standards and a model framework
18 for sequential Comprehensive School Health Edu-
19 cation programs for use in kindergarten through
20 grade 12;

21 (7) establish a comprehensive framework
22 through which the Department of Health and
23 Human Services will coordinate a national effort to
24 assess, on a continuing basis, the health-related
25 knowledge and behaviors of the Nation’s school chil-

1 dren and recognize schools which have successfully
2 grown into Healthy American Schools; and

3 (8) establish an interagency task force on
4 school health education to reduce categorical bar-
5 riers and foster cooperation among Federal agencies
6 carrying out school health education programs.

7 **SEC. 3. DEFINITIONS.**

8 As used in the Act:

9 (1) **ADVISORY COUNCIL.**—The term “Advisory
10 Council” means the Healthy Students-Healthy
11 Schools Advisory Council established under section
12 5.

13 (2) **COMPREHENSIVE HEALTH EDUCATION.**—
14 The term “comprehensive health education” means
15 a planned, sequential, kindergarten through grade
16 12 curriculum that addresses the physical, mental,
17 emotional and social dimensions of health. Such cur-
18 riculum shall—

19 (A) be designed to assist students in devel-
20 oping the knowledge, attitudes, and behavioral
21 skills needed to make positive health choices
22 and maintain and improve their health, prevent
23 disease, and reduce health-related risk behav-
24 iors;

1 (B) permit students to develop and dem-
2 onstrate increasingly sophisticated health-relat-
3 ed knowledge, attitudes, skills, and practices;
4 and

5 (C) be comprehensive and include a variety
6 of topics such as personal health, family health,
7 community health, consumer health, environ-
8 mental health, family life, mental and emotional
9 health, injury prevention and safety, nutrition,
10 prevention and control of disease, and sub-
11 stance use and abuse, taught by qualified teach-
12 ers who have been trained to teach the subject.

13 (3) DEPARTMENT.—The term “Department”
14 means the Department of Health and Human Serv-
15 ices.

16 (4) LOCAL EDUCATION AGENCY.—The term
17 “local education agency” means the local education
18 agencies, as defined in section 1471(12) of the Ele-
19 mentary and Secondary Education Act of 1965, and
20 Federally recognized Indian tribes that are respon-
21 sible for providing elementary and secondary edu-
22 cation for tribal members.

23 (5) HEALTHY PEOPLE 2000 OBJECTIVES.—The
24 term “Healthy People 2000 Objectives” means the
25 300 specific health objectives in 22 priority areas,

1 such as fitness, nutrition, tobacco, maternal and in-
2 fant health, cancer, cardiovascular disease, HIV dis-
3 ease, school health, immunization and environmental
4 health, identified by the Secretary of Health and
5 Human Services in the report entitled “Healthy Peo-
6 ple 2000: National Health Promotion and Disease
7 Prevention Objectives”.

8 (6) SECRETARY.—The term “Secretary” means
9 the Secretary of Health and Human Services.

10 (7) STATE.—The term “State” means each of
11 the several States, the District of Columbia, the
12 Commonwealth of Puerto Rico, Guam, American
13 Samoa, the Virgin Islands, the Trust Territory of
14 the Pacific Islands, and the Commonwealth of the
15 Northern Mariana Islands.

16 **SEC. 4. DESIGNATION OF HEALTHY STUDENTS-HEALTHY**
17 **SCHOOLS OFFICE.**

18 (a) DESIGNATION.—The Secretary shall designate,
19 within the Centers for Disease Control, an office to serve
20 as the Healthy Students-Healthy Schools Office to carry
21 out the functions and activities described in subsection (b).

22 (b) FUNCTIONS AND ACTIVITIES.—The Office des-
23 ignated under subsection (a) shall—

24 (1) assist State and local educational agencies
25 in their efforts to—

1 (A) develop and maintain comprehensive
2 sequential school health education programs
3 and curricula, which, to the extent practicable,
4 are based on the model framework developed by
5 the Advisory Council, in all elementary and sec-
6 ondary schools within their jurisdiction;

7 (B) train teachers in comprehensive se-
8 quential school health education;

9 (C) integrate and encourage school-, com-
10 munity-based, and public-private health pro-
11 motion partnerships and efforts;

12 (D) integrate health education programs
13 with health and social services for school-age
14 youth;

15 (E) provide nutritious school food services;
16 and

17 (F) encourage healthy, tobacco-free school
18 environments;

19 (2) provide technical support to State and local
20 educational agencies and educators concerning
21 health education programs and curricula and admin-
22 ister the grant program authorized under section 7;

23 (3) establish and maintain a national clearing-
24 house, using advanced technologies to the maximum
25 extent practicable, and mechanism for the wide dis-

1 semination of school health education material, in-
2 cluding written, audio-visual, and electronically-con-
3 veyed information to educators, schools, health care
4 providers, and other individuals, organizations, and
5 governmental entities;

6 (4) assist States in coordinating school-based
7 programs that will help ensure progress toward rel-
8 evant Healthy People 2000 Objectives and the
9 Healthy Students-Healthy Schools Goals established
10 under section 5;

11 (5) assist States in developing mechanisms to
12 uniformly evaluate competency based health edu-
13 cation skills and physical fitness and to collect and
14 maintain uniform data, including baseline data on a
15 continuing basis, on health behavior indicators, in-
16 cluding absenteeism due to pregnancy and ill-health,
17 which will measure progress toward relevant Healthy
18 People 2000 Objectives and the Healthy Students-
19 Healthy Schools Goals established under this Act;

20 (6) assist the Secretary in preparing an annual
21 report on the status of school health education in
22 the United States, as required under this section;
23 and

24 (7) coordinate with other Federal school health
25 education efforts and assist in reducing categorical

1 barriers to sequential, comprehensive school health
2 education programs.

3 (c) OFFICE OF COMPREHENSIVE SCHOOL HEALTH
4 EDUCATION.—

5 (1) IN GENERAL.—Section 4605(c) of the Ele-
6 mentary and Secondary Education Act of 1965 (20
7 U.S.C. 3155(c)) is amended—

8 (A) in the matter preceding paragraph (1),
9 by striking out “Office of the Secretary” and
10 inserting in lieu thereof “Office of Elementary
11 and Secondary Education”; and

12 (B) by adding at the end thereof the fol-
13 lowing new paragraph:

14 “(4) To act as a liaison office for the coordina-
15 tion of the activities undertaken by the Office under
16 this section with related activities of the Assistant
17 Secretary for Special Education, other offices within
18 the Department, the Department of Health and
19 Human Services, the Department of Agriculture,
20 and other Federal agencies, and to expand school
21 health education research grant programs under this
22 section.”.

23 (2) TRANSITION.—The Secretary of Education
24 shall take all appropriate actions to facilitate the
25 transfer of the Office of Comprehensive School

1 Health Education pursuant to the amendment made
2 by paragraph (1).

3 **SEC. 5. HEALTHY STUDENTS-HEALTHY SCHOOLS ADVISORY**
4 **COUNCIL.**

5 (a) ESTABLISHMENT.—There is established the
6 Healthy Students-Healthy Schools Advisory Council that
7 shall carry out the function and activities required under
8 subsection (e).

9 (b) MEMBERSHIP AND APPOINTMENT.—

10 (1) IN GENERAL.—The Advisory Council shall
11 be composed of 2 ex officio, nonvoting members and
12 18 voting members appointed under paragraph (3).

13 (2) EX OFFICIO MEMBERS.—The Secretary and
14 the Secretary of Education shall serve as ex officio
15 members of the Advisory Council.

16 (3) APPOINTED MEMBERS.—Of the voting
17 members of the Advisory Council—

18 (A) six shall be appointed by the President
19 in accordance with paragraph (5);

20 (B) six shall be appointed by the Speaker
21 of the House of Representatives in consultation
22 with the Minority Leader of the House of Rep-
23 resentatives; and

24 (C) six shall be appointed by the President
25 pro tempore of the Senate on the recommenda-

1 tion of the Majority Leader and Minority Lead-
2 er of the Senate.

3 The initial members of the Advisory Council shall be
4 appointed under this paragraph not later than 90
5 days after the date of the enactment of this Act.

6 (4) REQUIREMENTS.—Each member of the Ad-
7 visory Council appointed under paragraph (3)
8 shall—

9 (A) be eminent in the field of health edu-
10 cation, adolescent and elementary behavior,
11 family counseling, nutrition, reproductive and
12 sexually transmitted disease behavior, drug and
13 alcohol abuse, HIV prevention education tech-
14 niques, epidemiology, school nursing, school
15 health services, clinical medicine, school policy,
16 public administration, or public-private health
17 promotion partnerships or activities; and

18 (B) be selected for appointment solely on
19 the basis of an established record of distin-
20 guished service or research.

21 (5) ADVISORY COUNCIL APPOINTMENTS.—Of
22 the members appointed under paragraph (3)—

23 (A) two members shall be directors of ado-
24 lescent health research units that are primarily

1 supported by Federal funds and who have spe-
2 cialized interest in school health;

3 (B) four members shall be employees of
4 State governmental entities or members of local
5 education agencies or school boards and who
6 have specialized interest in school health edu-
7 cation or school health;

8 (C) two members shall be school health
9 educators currently teaching school health in el-
10 elementary or secondary schools;

11 (D) two members shall be school nurses
12 currently employed in the field of school health;
13 and

14 (E) four members shall be appointed rep-
15 resentatives of national educational associa-
16 tions.

17 (6) REPRESENTATION.—The membership of the
18 Advisory Council, shall at all times have members
19 who represent various geographic areas, including
20 rural and underserved areas, the private sector, aca-
21 demia, scientific and professional societies, and mi-
22 nority and youth organizations.

23 (7) CHAIRPERSON.—The members of the Advi-
24 sory Council shall elect a member to serve as the

1 Chairperson of the Advisory Council for a term of
2 office that shall not exceed 3 years.

3 (8) TERMS.—

4 (A) IN GENERAL.—Each member ap-
5 pointed to the Advisory Council under para-
6 graph (3) shall serve for a term of 5 years, ex-
7 cept that of the initial members appointed
8 under subparagraph (A) of such paragraph,
9 three shall be appointed for a term of 4 years
10 and two shall be appointed for a term of 3
11 years, as designated by the President at the
12 time of appointment. No member shall be eligi-
13 ble to serve continuously for more than two
14 consecutive terms.

15 (B) VACANCIES.—A vacancy on the Advi-
16 sory Council shall be filled in the same manner
17 as the original appointment with respect to
18 such vacancy was made. Any member appointed
19 to fill a vacancy occurring prior to the expira-
20 tion of the term for which the predecessor of
21 such member was appointed shall be appointed
22 for the remainder of such term.

23 (c) MEETINGS.—

24 (1) IN GENERAL.—The Advisory Council shall
25 meet on a regular basis, but in no case less than five

1 times during the first 2 years after the appointment
2 of the members of the Council. Such meetings shall
3 be at the call of the Chairperson, or on the written
4 request of one-third of the members of the Advisory
5 Council.

6 (2) INITIAL MEETING.—The Advisory Council
7 shall have its first meeting not later than 120 days
8 after the date of enactment of this Act.

9 (3) QUORUM.—A majority of the appointed
10 members of the Advisory Council shall constitute a
11 quorum.

12 (d) EMPLOYMENT AND EXPENSES.—

13 (1) EMPLOYMENT.—Appointed members of the
14 Advisory Council may not be full-time employees of
15 the Federal Government.

16 (2) EXPENSES.—While away from their homes
17 or regular places of business on the business of the
18 Advisory Council, members of the Council shall be
19 allowed travel expenses, including per diem in lieu of
20 subsistence, as is authorized under section 5703 of
21 title 5, United States Code, for persons employed
22 intermittently in the Government service.

23 (e) FUNCTIONS AND ACTIVITIES.—The Advisory
24 Council shall—

1 (1) establish national Healthy Students-Healthy
2 Schools Goals based on existing data and research,
3 including the Healthy People 2000 Objectives, iden-
4 tify the activities required to meet such goals, and
5 identify the responsible Federal agencies or individ-
6 uals with respect to each such goal;

7 (2) review existing comprehensive school health
8 education standards, programs and curricula in ele-
9 mentary and secondary schools and review and
10 evaluate Federally-supported health education pro-
11 grams currently being implemented in schools;

12 (3) develop a model framework for sequential
13 comprehensive school health education programs and
14 curricula, including sample materials and methods
15 for distribution to schools and to educators for use
16 in kindergarten through 12th grade that shall in-
17 clude—

18 (A) health education;

19 (B) physical fitness education;

20 (C) counseling; and

21 (D) community-based, school-site health
22 promotion programs for faculty, staff, parents,
23 and family;

24 (4) develop and incorporate model school health
25 education guidelines and evaluation mechanisms, in-

1 including the gathering of baseline data, in the model
2 framework for programs and curricula established
3 under paragraph (1);

4 (5) provide scientific and technical advice con-
5 cerning the development and implementation of all
6 components of comprehensive school health edu-
7 cation programs and the reduction of categorical
8 barriers to comprehensive school health education;

9 (6) recommend uniform methods for effectively
10 linking research findings at the Federal level with
11 implementation at the State and local level; and

12 (7) serve in an advisory capacity to the Sec-
13 retary and other Federal agencies.

14 **SEC. 6. HEALTHY STUDENTS-HEALTHY SCHOOLS INTER-**
15 **AGENCY TASK FORCE.**

16 (a) ESTABLISHMENT.—Not later than 90 days after
17 the date of enactment of this Act, the Secretary shall es-
18 tablish a Healthy Students-Healthy Schools Interagency
19 task force that shall be staffed by the Office of Disease
20 Prevention and Health Promotion and be composed of rep-
21 resentatives of the Office of Disease Prevention and
22 Health Promotion, the National Institutes of Health, the
23 Centers for Disease Control, and other Federal agencies
24 and departments, including the Extension Service of the
25 Department of Agriculture, which have responsibility for

1 components of school health and education, including
2 AIDS prevention, drug and alcohol abuse prevention, in-
3 jury prevention, physical fitness, and nutrition.

4 (b) CO-CHAIRPERSONS.—The Assistant Secretary for
5 Health, Public Health Service, and the Assistant Sec-
6 retary for Education (Elementary and Secondary Edu-
7 cation) shall serve as co-chairpersons of the task force es-
8 tablished under subsection (a).

9 (c) FUNCTIONS AND ACTIVITIES.—The task force es-
10 tablished under subsection (a) shall—

11 (1) review and coordinate all Federal school
12 health education efforts in school health education,
13 including drug and alcohol abuse prevention edu-
14 cation, HIV prevention education, physical fitness,
15 school services, and nutrition;

16 (2) provide scientific and technical advice con-
17 cerning the development and implementation of the
18 model framework comprehensive school health edu-
19 cation programs and curricula to be developed under
20 section 5;

21 (3) develop a consolidated grant application
22 form (a form that serves as the main document con-
23 taining the core information concerning a particular
24 entity) and procedures that may be used with re-
25 spect to all school health-related programs (including

1 supplementary information procedures to be imple-
2 mented when an entity that has already submitted
3 a consolidated application form is applying for addi-
4 tional assistance) that require the submission of an
5 application; and

6 (4) serve in an advisory capacity to and assist
7 the Office designated by the Secretary under section
8 4, and other Federal agencies.

9 **SEC. 7. FUNCTIONS OF THE SECRETARY.**

10 The Secretary, with the assistance of the Advisory
11 Council, shall—

12 (1) foster the interaction, coordination, and
13 partnerships needed to create Healthy American
14 Schools among Federal agencies, State and local
15 governments, school administrators, educators,
16 school nurses and other school health providers, the
17 private sector, scientific communities, community-
18 based organizations, health professionals, parents,
19 and students;

20 (2) update progress toward achieving relevant
21 Healthy People 2000 Objectives and the Healthy
22 Students-Healthy Schools Goals established under
23 this Act by establishing a national monitoring sys-
24 tem to be implemented in schools and administered
25 by the States and local educational agencies;

1 (3) ensure the timely implementation of the ac-
2 tivities and nationwide mechanisms necessary for
3 achieving and monitoring progress toward such ob-
4 jectives and goals;

5 (4) submit to the appropriate committees of
6 Congress and the States an annual report, that shall
7 include data on relevant agency budgets for each fis-
8 cal year, as required by section 9; and

9 (5) recognize, in the annual report, schools that
10 have demonstrated exemplary efforts in becoming
11 Healthy American Schools and provide a short eval-
12 uation to States that incorporate the Healthy Stu-
13 dents-Healthy Schools Goals.

14 **SEC. 8. HEALTHY AMERICAN SCHOOLS GRANT PROGRAM.**

15 (a) GENERAL AUTHORITY.—The Secretary, acting
16 through the Office designated under section 4(a), is au-
17 thorized to award grants to States and local educational
18 agencies to assist the schools under the jurisdiction of
19 such States and agencies in becoming Healthy American
20 Schools that teach comprehensive sequential school health
21 education programs which, to the maximum extent prac-
22 ticable, make use of advanced technologies, such as com-
23 puter-based learning and innovative communication chan-
24 nels.

1 (b) ELIGIBILITY.—To encourage all schools to be-
2 come Healthy American Schools, the Secretary shall in-
3 sure that every public elementary and secondary school in
4 the United States is eligible to receive assistance under
5 this section and that such assistance shall be distributed
6 among all geographic areas, including rural, urban, and
7 suburban areas.

8 (c) USES OF GRANTS.—Amounts awarded under this
9 section shall be used to establish and implement programs
10 that meet the goals of the Healthy Students-Healthy
11 Schools program, which shall include—

12 (1) teacher training in sequential school health
13 education and related in-service training;

14 (2) healthy school environment standards;

15 (3) personal health and fitness activities;

16 (4) nutrition education and nutritious food
17 services;

18 (5) mental health wellness programs;

19 (6) chronic disease prevention programs;

20 (7) substance abuse prevention education;

21 (8) prevention of intentional and unintentional
22 injury and safety education;

23 (9) community and environmental health activi-
24 ties;

25 (10) family life education activities;

1 (11) activities for the prevention and control of
2 communicable diseases;

3 (12) activities for the effective use of the health
4 services delivery systems;

5 (13) development and aging activities; and

6 (14) worksite health promotion programs and
7 partnerships with community-based organizations
8 and the private sector.

9 (d) APPLICATION.—To be eligible to receive a grant
10 under this section, an entity shall prepare and submit to
11 the Secretary an application at such time, in such manner,
12 and containing or accompanied by such information as the
13 Secretary may reasonably require. Each such application
14 shall—

15 (1) describe the comprehensive school health
16 education program for which assistance is sought,
17 particularly the activities described in subsection (b);

18 (2) provide assurances that qualified health
19 educators will teach or supervise the programs for
20 which assistance is sought;

21 (3) provide assurance that the State, relevant
22 local educational agency, or Indian tribe will involve
23 the community, on an on-going basis, in the plan-
24 ning, implementation and evaluation of the pro-
25 grams for which assistance is sought, including the

1 establishment of partnerships with the private sec-
2 tor, cooperative extension systems of land-grant uni-
3 versities, nonprofit public agencies, organizations,
4 community-based organizations, parents, and stu-
5 dents;

6 (4) provide assurance that funding made avail-
7 able under this section will be used in a coordinated
8 and cooperative manner with other school health
9 education programs that the State, local educational
10 agency or Indian tribe may be undertaking and will
11 not duplicate other school health education pro-
12 grams;

13 (5) provide assurances that the State or Indian
14 tribe will submit an annual report on the program
15 to the Secretary (in the case of a local education
16 agency, it shall submit an annual report to the State
17 which shall then submit a Statewide report to the
18 Secretary) to be integrated into the annual report
19 required under section 9; and

20 (6) provide assurances that the State or Indian
21 tribe will provide matching funds, through monetary
22 or in kind contribution, in an amount that equals 25
23 percent of the amount of the grant.

24 (e) OUTSTANDING HEALTHY AMERICAN SCHOOL
25 AWARDS.—The Secretary shall annually recognize schools

1 that epitomize the Healthy Students-Healthy Schools
2 Goals established under this Act and shall award such
3 schools a commemorative plaque and a \$1,000 cash
4 award.

5 **SEC. 9. EVALUATION AND ANNUAL REPORT.**

6 (a) GENERAL AUTHORITY.—The Secretary shall uni-
7 formly collect, compile, and preserve data concerning
8 school health education programs and curricula through-
9 out the United States.

10 (b) DATA COLLECTION.—The Secretary shall develop
11 and ensure the implementation of a system for the collec-
12 tion of data that uniformly measures and evaluates the
13 impact of school health education programs and curricula
14 to determine—

15 (1) the effectiveness of such programs in pro-
16 moting progress toward achieving relevant Healthy
17 People 2000 Objectives and the Healthy Students-
18 Healthy Schools Goals established under this Act;
19 and

20 (2) the impact of such programs on related
21 health indicators such as absenteeism and teen-age
22 pregnancy rates.

23 (c) RESULTS OF EVALUATIONS.—

1 (1) ANNUAL REPORT.—Not later than Janu-
2 ary 1, 1994, and annually thereafter, the Secretary
3 shall prepare and publish a report that—

4 (A) evaluates the status of school health
5 education in the United States, including the
6 impact and effectiveness of the health education
7 programs and curricula of each State;

8 (B) measures national progress towards
9 achieving relevant Healthy People 2000 Objec-
10 tives and the Healthy Students-Healthy Schools
11 Goals established under this Act; and

12 (C) recognizes outstanding Healthy Amer-
13 ican Schools.

14 (2) ENTITIES RECEIVING REPORT.—In January
15 of each fiscal year, the Secretary shall submit the re-
16 port required under subsection (c) to the appropriate
17 committees of the Congress and to the States to aid
18 in the program evaluation and development efforts
19 of such States.

20 **SEC. 10. PROGRAM FOR COMPREHENSIVE HEALTH AND**
21 **PHYSICAL EDUCATION AMONG INDIAN STU-**
22 **DENTS.**

23 (a) IN GENERAL.—The Secretary of the Interior, act-
24 ing through the Bureau of Indian Affairs and in consulta-
25 tion and cooperation with the Secretary of Health and

1 Human Services and the Secretary of Education, shall de-
2 velop and, not later than the date that is 1 year after the
3 date of enactment of this Act, implement a program which
4 provides gender and culturally competent sequential com-
5 prehensive health education and physical education to stu-
6 dents enrolled in elementary and secondary schools oper-
7 ated by, or on behalf of, the Bureau of Indian Affairs.

8 (b) COURSES OF INSTRUCTION AND PARTICIPA-
9 TION.—

10 (1) COURSES OF INSTRUCTION.—The program
11 which the Secretary of the Interior is required to de-
12 velop under subsection (a) shall provide courses of
13 instruction for each grade of elementary and second-
14 ary school in a manner that ensures sequential, pro-
15 gressive, comprehensive, and continuous instruction.

16 (2) PARTICIPATION.—Except as otherwise pre-
17 scribed by the Secretary of the Interior, all students
18 enrolled in schools operated by, or on behalf of, the
19 Bureau of Indian Affairs shall participate in the
20 courses of instruction provided at such schools under
21 the program developed under subsection (a).

22 (c) CONSULTATION.—In developing and implement-
23 ing the program required under subsection (a), the Sec-
24 retary of the Interior shall consult with—

1 (1) representatives of the Indian tribes that are
2 to be served by such program;

3 (2) local educational and health personnel; and

4 (3) the Advisory Council established under sec-
5 tion 5.

6 (d) REPORT.—Not later than the date that is 1 year
7 after the date of enactment of this Act, the Secretary of
8 the Interior shall submit to the Congress a report on the
9 progress made by the Secretary of the Interior in carrying
10 out the requirements of this section.

11 **SEC. 11. APPROPRIATIONS AUTHORIZATION.**

12 (a) IN GENERAL.—There are authorized to be appro-
13 priated to carry out this Act, \$200,000,000 for each of
14 the fiscal years 1994 through 1998.

15 (b) USE.—Amounts appropriated under this section
16 shall be used to fund the Healthy Students-Healthy
17 Schools Grant Program, and to make available funds that
18 may be necessary to carry out the activities of the Healthy
19 Students-Healthy Schools Coordinating Office and the
20 clearinghouse established under section 4(b)(4) and the
21 Healthy Students-Healthy Schools Advisory Council estab-
22 lished under section 5.

23 (c) LIMITATION.—The Secretary may not carry out
24 the provisions of this Act until such time as amounts ap-

1 appropriated under section 8(a) for a fiscal year equal or
2 exceed \$25,000,000.

3 **SEC. 12. DRUG-FREE SCHOOLS AND COMMUNITIES ACT.**

4 Part E of the Drug-Free Schools and Communities
5 Act of 1986 (20 U.S.C. 3221 et seq.) is amended by add-
6 ing at the end thereof the following new section:

7 **“SEC. 5147. USE OF APPROPRIATIONS FOR HEALTHY STU-**
8 **DENTS-HEALTHY SCHOOLS PROGRAMS.**

9 “Notwithstanding any other provision of law,
10 amounts appropriated under this Act may be used in con-
11 junction with the Healthy Students-Healthy Schools Pro-
12 gram of any State, Indian tribe, local educational agency,
13 or school, so long as substance abuse prevention is a major
14 component of such Program, pursuant to the Healthy Stu-
15 dents-Healthy Schools Act.”.

16 **SEC. 13. EFFECTIVE DATE.**

17 This Act shall become effective on October 1, 1993.

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